

(Check all that apply.)

Change purpose(s) of use

☐ Change/transfer place of use

□ Change point(s) of diversion/withdrawal

Other (i.e. consolidation, intertie, trust water)

Add point(s) of diversion/withdrawal

Add purpose(s) of use

STATE OF WASHINGTON

APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards



FOR OFFICE USE ONLY 31 BONTO

CHANGE NO. C54-790555 WRIA31 KUCK THE

DATE ACCEPTED 091 19 12013 BY

FEE \$ D REC'D 06 128 2013

A MINIMUM	FEE	OF \$10.	00 PAY	ABLE	TO I	ECOLOGY	MUST	ACCOM	PANY	THIS	APPLH	CATION
												CITO

Explain: Change Place of Use-Points of Diversion	SEPA: © Exempt	Not exempt
IF MORE SPACE IS NEEDED, ATTACH ADDITION	ONAL SHEETS (PLEASE PRINT O	R TYPE CLEARLY)
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Rob Mercer, Mercer Canyons	509-894-4773	
ADDRESS		
46 Sonova Rd.		
CITY	STATE	ZIP CODE
Prosser	WA	99350
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Same as Above	(509-894-4773	()
ADDRESS		
CITY	STATE	ZIP CODE

54-79055JWR15

ECY 040-1-97 (6/04)

1

C34-79055J

Application for Change

BENT-

B. Proposed (with Conservation O&M)

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
Site 1			4N and 5N	R. 23 and 24 EWM	Klickitat	AndSee attachments	
Site 2	SE NE SW	13 24 7	3 3 3	19 19 20			
	N1/2 NW	18 19 20	3 3 3	20 20 20			5

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? Yes (see attachments)

Remarks and Other Relevant Information:

The applicant seeks to use the existing water right for crop and vineyard lands; and taking advantage of new	
IF FOR SEASONAL OR TEMPORARY, START DATE	END DATE

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

6. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

to	//
(Applicant)	(Date)
Caul R. Speak (Water Right Holder)	6 1 6 1 (3 (Date)
(Land Owner(s) of Existing Place of Use)	6 1 6 113 (Date)
(Land Owner(s) of Proposed Place of Use)	(Date) (Jun / 13
(Land Owner(s) of Existing Points of Diversion)	(Date)

MPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTIONIS INCOMPLETE
□ OTHER/EXPLANATION:	
STAFF:	DATE://

EOD OFFICE LISE ONLY



APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

For filing with Ecology or with County Conservancy Boards

A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water) Explain: Change Place of Use-Points of Diversion	CHANGE No	
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL S 1. Applicant Information:	SHEETS (PLEASE PRINT O	R TYPE CLEARLY)
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
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CITY	STATE	ZIP CODE
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CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Same as Above	(509-894-4773	()
ADDRESS		
CITY	STATE	ZIP CODE

INFO ONLY

2

Z. Water Right information.		
WATER RIGHT OR CLAIM NUMBER	RECORDED N	
S4-79038		R. and Mary E. Shull
June 10, 1909 Priority Date	(Paul Gre	gg Current Land Owner)
DO YOU OWN THE RIGHT TO BE CHANGED? $$ NO (PSA Pending)	
IF NO, PROVIDE OWNER(S) NAME:: Paul Gregg		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN T	THE LAST FIVE (5) YEARS?	YES
		onsistent, historical use of water since the riervation plan, please include a copy with you
F	OR OFFICE USE ONL	Υ

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Surface Water	1	W1/2	SW	24	4	15 EWM	(See Attachments)	
(L. Klickitat River)	2	S1/2	SE	24	4	15		

B. Proposed (All Within)

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Columbia River	1	NE	NE	6	4	24 EWM	(See Attachments)	
Columbia River	2		S1/2	21	3	20	(See Attachments)	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING:

NO

PROPOSED: YES (and under contract)

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation 167 acres	2.0 cfs	568	April 1 to October 31
			

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of up to 473 acres (independent ground without other water rights)	2.0	568	April 1 to October 31

5. Place of Use:

A. Existing

Sa	me as on	attached	d permits	s/certifica	tes (available from E	BCWCB upon request)	and all within
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
		24	4	15	Klickitat	See attachments	
	N1/2	25	4	15	Klickitat	See Attachments	

B. Proposed (with Conservation O&M)

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
Site 1			4N and 5N	R. 23 and 24 EWM	Klickitat	AndSee attachments	
Site 2	SE NE SW	13 24	3 3	19 19 20			
	N1/2	18 19	3 3	20 20			
	NW	20	3	20			

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? YES (and under contract)

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

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(Land Owner(s) of Existing Place of Use)	6 / 6 / 1 ² (Date)
(Land Owner(s) of Proposed Place of Use)	(Date)
(Land Owner(s) of Existing Points of Diversion)	6 16 1/3 (Date)

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☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE://